St. Mark University Parish 1316 Peger Rd, Fairbanks, AK 99509-5199 (907) 374-9564

Family Registration

Head of Household: Last Name:		First Name:			
Address:					
City:		State:	Zip:		
Home Phone:		Cell Phone:			
Family Email:					
	Individual Adult Member Information				
Adult 1					
First Name:		Last Name (if different than above)			
Parish Status: Active /Inactive		UAF Student: yes no			
Gender: Male / Female		DOB:			
Home or Cell Phone (if different than above):					
Sacramental Info: Catho	olic: yes / no				
Baptized: yes / no	Date:	Church:	City:		
First Eucharist: yes no	Date:	Church:	City:		
Confirmed: yes / no	Date:	Church:	City:		
Marital Status: Single /	Married / Se	eparated / Divorced / Annu	ılled		
Valid Catholic Marriage	e: yes / no				
Adult 2					
First Name:		Last Name (if different than above)			
Parish Status: Active /Inactive			UAF Student: yes no		
Gender: Male / Female		DOB:			
Home or Cell Phone (if	different than	above):			
Sacramental Info: Catho	olic: yes / no				
Baptized: yes / no	Date:	Church:	City:		
First Eucharist: yes no	Date:	Church:	City:		
Confirmed: yes / no	Date:	Church:	City:		
Marital Status: Single / Married / Separated / Divorced / Annulled					
Valid Catholic Marriage: yes / no					

Dependent Children Information

Dependent 1: Relationshi	ip to Adults Above: S	on / Daughter / Other				
First Name:		Last Name:				
Gender: Birthd	ate:	Birthplace:				
First Language:						
Sacramental Info: Catholic: yes / no						
Baptized: yes / no	Date:	Church:	City:			
First Eucharist: yes / no	Date:	Church:	City:			
Confirmed: yes / no	Date	Church:	City:			
Dependent 2: Relationship to Adults Above: Son / Daughter / Other						
First Name:		Last Name:				
Gender: Birthd	ate:	Birthplace:				
First Language:						
Sacramental Info: Cathol	ic: yes / no					
Baptized: yes / no	Date:	Church:	City:			
First Eucharist: yes / no	Date:	Church:	City:			
Confirmed: yes / no	Date	Church:	City:			
Dependent 3: Relationship to Adults Above: Son / Daughter / Other						
First Name:		Last Name:				
Gender: Birthdate:		Birthplace:				
First Language:						
Sacramental Info: Catholic: yes / no						
Baptized: yes / no	Date:	Church:	City:			
First Eucharist: yes / no	Date:	Church:	City:			
Confirmed: yes / no	Date	Church:	City:			
Dependent 4: Relationship to Adults Above: Son / Daughter / Other						
First Name:		Last Name:				
Gender: Birthd	ate:	Birthplace:				
First Language:						
Sacramental Info: Catholic: yes / no						
Baptized: yes / no	Date:	Church:	City:			
First Eucharist: yes / no	Date:	Church:	City:			
Confirmed: yes / no	Date	Church:	City:			

Dependent Children Information – Page 2

Dependent 5: Relationship to Adults Above: Son / Daughter / Other								
First Name:		Last Name:						
Gender: Birth	date:	Birthplace:						
First Language:								
Sacramental Info: Catholic: yes / no								
Baptized: yes / no	Date:	Church:	City:					
First Eucharist: yes / no	Date:	Church:	City:					
Confirmed: yes / no	Date	Church:	City:					
Dependent 6: Relationship to Adults Above: Son / Daughter / Other								
First Name:		Last Name:						
Gender: Birthdate:		Birthplace:						
First Language:								
Sacramental Info: Catholic: yes / no								
Baptized: yes / no	Date:	Church:	City:					
First Eucharist: yes / no	Date:	Church:	City:					
Confirmed: yes / no	Date	Church:	City:					
Dependent 7 Relationship to Adults Above: Son / Daughter / Other								
First Name:	•	Last Name:						
Gender: Birth	date:	Birthplace:						
First Language:								
Sacramental Info: Catholic: yes / no								
Baptized: yes / no	Date:	Church:	City:					
First Eucharist: yes / no	Date:	Church:	City:					
Confirmed: yes / no	Date	Church:	City:					
All information submitt	ed on this form is conf	idential and used only for reporti	ng membership in the Parish.					

In which Ministry do you wish to serve at St. Mark?

What brings you to St. Mark?